

Case Number:	CM13-0015350		
Date Assigned:	06/06/2014	Date of Injury:	03/18/2013
Decision Date:	08/05/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	08/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 55 year old employee with date of injury of 3/18/2013. The medical records indicate the patient is undergoing treatment for low back pain. The patient's knees and back have been doing relatively well. His elbows have been doing relatively well. He did have an episode where his left elbow seemed to lock up, but he was able to work it out and it has not been a significant problem lately. Objective findings include: bilateral elbows ambulate smoothly; he has lack of full extension of both elbows with fixed flexion contractures in the range of 25 degrees; he has some limitation of flexion particularly on the right side in his elbow, but he is able to bend to at least 110 degrees. There is no significant effusion or local tenderness about the elbows. The treatment has consisted of acupuncture, physical therapy, home exercise and Motrin. The utilization review determination was rendered on 8/15/2013 recommending non-certification of 6 aquatic physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

AQUATIC PHYSICAL THERAPY 2 TIMES A WEEK TIMES 6 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy and Physical Medicine Page(s): 22, 98-99. Decision based on Non-MTUS Citation MD Guidelines, Aquatic Therapy.

Decision rationale: The California MTUS guidelines state that Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The MD Guidelines similarly states, if the patient has subacute or chronic low back pain and meets criteria for a referral for supervised exercise therapy and has co-morbidities (e.g., extreme obesity, significant degenerative joint disease, etc.) that preclude effective participation in a weight-bearing physical activity, then a trial of aquatic therapy is recommended for the treatment of subacute or chronic low back pain. The medical documents provided do not indicate any concerns that patient was extremely obese. Imaging results provided do not report severe degenerative joint disease. No objective clinical findings were provided, however, that delineated the outcome of those physical therapy treatments. Additionally, medical notes provided did not detail reason why the patient is unable to effectively participate in weight-bearing physical activities. As such, the 6 aquatic physical therapy sessions is not medically necessary.